CHAPTER 4

Pregnancy and Motherhood Behind Bars

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INTRODUCTION

Of all the industrialized nations in the world the United States has the distinction of having the highest rate of incarceration. Recent studies have documented that our reliance on incarceration and our expanding prisons is going to accomplish less and cost more than it has in the past (Clear, 2007). The increasing rate of incarceration is not confined to men. The rapid growth of the female offender population is cause for concern. For example, between 1977 and 2007, there has been an increase of over *832%!* The male population grew 416% during the same period (West & Sabol, 2008). The majority of incarcerated women are mothers to at least one minor child, which makes the above increase in females incarceration rates even more worrisome. The story presented in Box 4.1 graphically highlights the problem of incarcerating mothers, and their experience with criminal justice agencies.

Box 4.1 Incarcerated Mothers and Child Experience

A child screams and cries out for her mother, "Mama, Mama, what's happening?" The mother is on her knees with her head lowered as handcuffs are firmly secured around her wrist. A young boy breaks away from the arms that held him and rushes to the police officer yelling, "Stop, don't hurt her. Leave my Mama alone. She ain't done nothing." The boy continues to thrash out, trying to rescue his mother amid a scene of confusion of blue and white rotating siren lights and dogs barking. (Bartlett, 2000)

STATISTICS ON INCARCERATION AND FAMILIES

- Nationally, more than 8.3 million children have parents under correctional supervision (either in prison, jail, on probation, or parole).
- More than 1.7 million children have a parent in state or federal prison.

- Nearly 62% of women in state prisons and 51% of men in state prisons are parents of children under 18.
- Women in state prisons are more likely than men in state prisons to have more than one child.
- Almost 68% of mothers in state prison report that their children live with a grandparent or other relative. The corresponding figure for incarcerated fathers is more than 17%.
- 62% of women incarcerated in state prisons are parents, and 84% of women incarcerated in federal prisons are mothers held in facilities that are over 100 miles from their last residence. In federal prisons, about 43% of parents are held over 500 miles from their last residence.
- Maintaining family ties can lessen the destructive aspects of parental incarceration by helping children process their mother's absence, easing family reunification after release, bolstering children's wellbeing and healthy development, and decreasing the likelihood that a mother will return to prison. (Correctional Association of New York, 2009)

While it is the intention of this chapter to discuss the subject of pregnancy and motherhood behind bars, a critical issue that must be examined is *why* there are so many women behind bars. Although this was discussed at length in the previous chapter by Pasko and Chesney-Lind (Chapter 3), it is important to reemphasize some of the causes as they are relevant to the discussion presented in this chapter.

This stunning growth of incarcerated women over the last twenty-five years has largely been fueled by several factors such as: (1) the war on drugs; (2) state mandatory minimum sentencing guidelines that largely dictate sentences based on the total quantity of drugs, resulting in judges having little discretion to consider the level or circumstances of women's involvement in an underlying drug offense, even though women very rarely play a central role in the drug trade; and (3) the equity or parity model of justice which emphasizes treating female offenders as though they were men, particularly when the outcome is punitive, in the name of equal justice. It would appear, therefore, that the three main factors related to the increased incarceration of women are: increase in criminal activity, particularly drug offending (war on drugs); policy changes; and applications of the male model of incarceration (Chesney-Lind, 1998).

An area of additional concern is that women of color have been disproportionately affected. In 2005, Black women were more than three times as likely as White women to be incarcerated, and Latina women were 60% more likely. African American and Latina women therefore, make up a disproportionate number of the women arrested, charged, and incarcerated for drug crimes (Brown, 2010). Bloom, Owen, and Covington's 2003 National Institute of Corrections report on "Gender-Responsive Strategies," notes that the majority of women (approximately 85%), in the criminal justice system are on either probation or parole supervision (i.e., community corrections). Two thirds of these women are White. In contrast, women in prisons and jails (institutions) are more likely to be women of color (see Table 4.1).

Table 4.1 Characteristics of Women under Correctional Supervision

Characteristic	Percentage Under Community Supervision	Percentage in Jail	In State Prison	Percentage in Federal Prison
Race/ethnicity				
White	62	48	33	29
African American	27	44	48	35
Hispanic	10	15	15	32
Median age	32	31	33	36
High School Diploma/GED	60	55	56	73
	42	48	47	34
Single	Unknown	60	62	Unknown
Unemployed	72	70	65	59
Mother of Minor Children				

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Source: B. Bloom, B. Owen, & S. Covington (2003). *Gender Responsive Strategies.* National Institute of Corrections.

PROFILE OF FEMALE OFFENDERS

- Minorities overrepresented in their early to mid-30s
- History of substance abuse problems
- History of physical and sexual abuse
- Mental and emotional disorders
- From fragmented families that include other family members who have also been involved with the criminal justice system
- Mothers of minor children
- Single mothers
- Majority have never been married
- Majority did not complete high school
- Poor economic conditions
- Limited or no work experience
- Low self-esteem
- Usually accomplices to males
- Criminal acts motivated by concerns about relationships
- Most likely to have been convicted of a drug offense or other nonviolent offenses

Since 75%–80% of female offenders are mothers, what to do with young children has become a more pressing concern for correctional systems. In 2007, 1.7 million children had a parent incarcerated in a state or federal prison in the United States,

representing an increase of 80% since 1991 (Glaze & Maruschak, 2008). Racial differences are seen as one examines the racial description of parents within the general prison population. In 2007, approximately 48% of the mothers behind bars were White, with Black and Hispanic mothers representing 28% and 17% respectively (Glaze & Maruschak, 2008). Table 4.2 illustrates the actual numbers, by race of mothers behind bars for the year 2007.

Table 4.2 Estimated Number of Mothers in State and Federal Prisons by Race 2007

Race/Ethnicity	Number of Mothers	Number of children
White	29,000	60,000
Black	16,100	39,600
Hispanic	8,800	22,900
Total*	58,200	131,000

Source: L. E. Glaze & L. M. Maraschak. (2008). *Parents in prison and their minor children.* (Special report). U.S. Department of Justice, Bureau of Justice Statistics.

*Includes other races such as American Indians, Alaska Natives, Asians, Native Hawaiians, other Pacific Islanders and persons identifying 2 or more races.

It should be noted that the overrepresentation of Blacks and Hispanics is relative to the general population.

THE PROBLEM FOR THE CORRECTIONAL SYSTEM

Incarcerated women who are pregnant or have recently given birth present a particular challenge to correctional systems. Researchers such as Boudouris (1996) and Goshin and Byrne (2009) noted that when dealing with pregnant inmates the following issues must be addressed:

- Should these women be treated any differently than other incarcerated women?
- Who should provide for their children?
- Should infants live in correctional institutions with their incarcerated mothers?
- Does mother-child bonding in prisons, play a role in the rehabilitation of women who are mothers?
- What can correctional institutions realistically provide for inmates and their families?

Some of these questions are not new. A national survey in 1948 indicated that state correctional facilities in the United States generally chose to return pregnant inmates to local jails or transfer them to a community co-residence alternative site. This was done for the duration of their pregnancy and for a period of time following

delivery of a child, in lieu of incarcerating newly delivered women without their infants (Shepard & Zemans, 1950). At the time of the 1948 survey, 13 states had statutory provisions allowing incarcerated mothers to keep their children in prison with them (e.g., prison nurseries). However, certain concerns led to the closure of many of the nursery programs by the 1970s. These concerns centered around the following: (a) security, (b) program management, (c) civil liability and the potential adverse effects of the prison environment on child health and development, and (d) the difficulty of eventual separation of mother and child for women with long sentences (Brodie, 1982; Radosh, 1988).

Ten years later, by the 1980s, prison nurseries were again considered the best theoretical solution to the problem of incarcerating women with infants but not necessarily practical for financially-burdened systems (Baunach, 1986). Therefore, the issues of female incarceration and what to do with young children remain and have become more pressing as we rely increasingly on prisons to punish.

Some contend that prison is not an ideal atmosphere for children (Women's Prison Association [WPA], 2009; Goshin & Byrne, 2009). Others have expressed concerns that children who spend their early years in prison will grow to accept this as a normative setting (Drummond, 2000). Despite these concerns, it is important to acknowledge the fact that keeping mothers and children together maybe far less harmful than separating the mother and child during a period of incarceration. To this end, state correctional systems, are continuously searching for gender-responsive programs for female inmates which are aimed at maintaining the mother-child relationship. Nursery programs have seen resurgence in spite of their costs. In a 1998, survey of parenting programs in 40 women's prisons in three states—New York, Nebraska, and South Dakota—reported functioning nursery programs (Pollack, 2002). By 2001, a survey by the National Institute of Corrections (NIC) revealed that an additional four states had implemented nursery programs—Massachusetts, Montana, Ohio, and Washington. As of August 2008, seven states provided nursery programs in at least one of their women's facilities: Illinois, Indiana, Massachusetts, Nebraska, New York, South Dakota, and Washington State. By 2010, five additional states have implemented nursery programs—Idaho, Ohio, Tennessee, Texas, and West Virginia. A total of 12 states now have nursery programs (The Rebecca Project, 2010).

Before examining in detail, the issues connected with the bonding between mother and child when the mother is incarcerated, issues of pregnant women who become incarcerated must be addressed. It is therefore important to look at federal and state policies on prenatal care and the shackling of pregnant inmates. While there is no systematic documentation at the state or at the federal level of how many women give birth while incarcerated, the 2007 Bureau of Justice Statistics (BJS) stated that, on average, 5% of women who enter into state prisons are pregnant and 6% of women in jails are pregnant. The issue of women being pregnant and giving birth while incarcerated presents many problems for correctional administrators. These problems focus on prenatal care, shackling, pregnancy, and birth programs.

Prenatal Care

Thirty-eight states have failed to institute adequate policies requiring that incarcerated pregnant women receive adequate prenatal care, despite the fact that many women in prison have high-risk pregnancies (The Rebecca Project, 2010). High-risk pregnancies are due to certain economic and social problems experienced by women that led them to be incarcerated. These problems include poverty, lack of education, physical and sexual abuse, and inadequate health care. These high-risk pregnancies are often complicated by drug and alcohol abuse, smoking, and sexually transmitted infections (Hotelling, 2008).

Shackling

Shackling is any combination of handcuffs, leg irons, chains over the shoulders, and belly chains used to confine or restrict the movements of an inmate. It used to be customary for jails and prisons to use restraints on pregnant women whenever they leave the institution and even in labor and delivery. This was done as a matter of course regardless of whether the woman has a history of violence, history of abscondence/escape, or her state of consciousness. This practice is based on using the male model of incarceration (The Rebecca Project, 2010). Such practice considered to be barbaric and meant that women were often shackled to their hospital beds, and correctional officers maintained control of the keys. In one case, a woman reported that when the delivery began, the officer could not be found to unlock her shackles. Thus she could not part her legs (Amnesty International, 1999)

The American College of Obstetricians and Gynecologists (ACOG) released a statement in June 2007, supporting an end to the practice of shackling mothers in labor and delivery. The ACOG argued that the physical restraints have interfered with the ability of physicians to safely practice medicine by reducing their ability to assess and evaluate the physical condition of the mother and fetus. Such practice has made the labor and delivery process more difficult than it needs to be and consequently puts both mother and unborn life at risk. Accordingly, many states began to adopt laws against the harmful practice of shackling, supporting the departure from such practice (The Rebecca Project, 2010).

In 2008, the Federal Bureau of Prisons ended the routine use of restraints for women in labor and limited shackling to cases in which a woman presents a danger to herself, the baby, or the staff. Five states have similar policies. New York State became the sixth, when Governor Patterson signed the "Anti-Shackling Bill" (S.1290-A/A.3373-A). The New York State Senate and Assembly passed this legislation on May 20, 2009. This historic legislation prohibits the inhumane practice of shackling pregnant inmates who are in labor. This bill also prohibits state and local correctional authorities from using restraints on a pregnant female inmate who is being transported for childbirth, during labor and delivery, and in postnatal recovery. An exception to this rule is made under extraordinary circumstances where restraints are determined to be necessary to prevent the woman from injuring herself,

medical, or correctional personnel. In these instances, a pregnant woman may be cuffed by one wrist.

Currently 10 states have implemented policies on prohibiting or limiting shackling. These states are: California, Colorado, Illinois, New Mexico, New York, Pennsylvania, Texas, Vermont, Washington, and West Virginia. Of the states without laws to address shackling, 22 states either have no policy at all addressing when restraints can be used on pregnant women or have a policy which allows for the use of dangerous leg irons or waist chains (The Rebecca Project, 2010).

Pregnancy and Birth Programs

Recognizing that there is a need for effective birth education and support for incarcerated women, some states have doula birth support programs. Schroeder and Bell (2005) provide an ongoing multiagency doula program which provides emotional and physical support for pregnant women in urban jails located in King's County, Washington. In Cook County, Chicago, Illinois, the Bureau of Health Services began the doula program for incarcerated women in 2001. The target population is women who are likely to give birth while incarcerated in the Cook County jail. Doulas are trained to provide physical, emotional, and informational support to these women during pregnancy, birth, and postpartum. The doulas then proceed to provide incarcerated women with prenatal education, continuous support throughout the entire labor and birth, and daily postpartum hospital visits (Hotelling, 2009).

Motherhood Behind Bars

In 2003, the National Institute of Corrections (NIC) published a report on gender-responsive interventions for incarcerated women. The report acknowledged that the majority of incarcerated women are mothers, that these mothers desire above all else to maintain ties with their children (Bloom, Owen, & Covington, 2003; Goshin & Byrne, 2009; Henriques 1982). Morash and Schram (2002) wrote, "Even though some incarcerated mothers may endure feelings of failure and loss and have little or no contact with their children, their identification as mothers is central" (pp. 74–75). The NIC report emphasized the effect that poverty, trauma, and substance abuse have on incarcerated women. A number of disorders are known to be related to traumatic experience. Posttraumatic stress disorder (PTSD) is the most obvious and well recognized. There is also a high level of comorbidity between PTSD and depression, anxiety, substance abuse, and many physical disorders. The connection between addiction and the trauma for women is intricate and not easily disentangled. When you consider these factors for women who are or become mothers while incarcerated, the scope and complexity of the problem become evident.

While conventional society views prisons as places of punishment and terror, there is a mounting body of evidence that, for some, prisons are, in fact, viewed as safe

havens—places of relative comfort and stability (Henriques & Jones-Brown, 2000). Pregnant women are assured of shelter they might not have had outside of imprisonment. In jail or prison, they are protected from homelessness, malnutrition, and substance abuse; they are housed, fed, and clothed. Many women are also separated from their abusive partners and their access to alcohol, cigarettes, and recreational drugs. In fact, some women have reported they actually violated their terms of probation when they found out they were pregnant so that they would be incarcerated, and thus be able to protect their babies (Spryas cited in Hotelling, 2008).

Children of prison inmates appear to be the hidden victims of their parents' crime. They often show signs of distress caused by the lack of a stable home life and parental separation. Studies have shown that children of incarcerated persons are more likely to experience: (1) anxiety, depression, aggression, (2) decline in school performance, attention disorders, and truancy, and (3) teen pregnancy and symptoms of posttraumatic stress. These are not the only problems. Evidence indicates that many of these children follow their parents into the criminal justice system (Gabel & Johnston, 1995; Simmons, 2000). It is noteworthy that the basic premise of the intergenerational cycle of incarceration suggests that children who experience traumatic childhood events like abuse, neglect, and parental addiction in addition to parental incarceration, are more likely than other children to be imprisoned themselves (Dalley & Michels, 2009). Understanding the impact of parental incarceration on children is complicated because negative outcomes may be related to any number of variables—parent-child separation, the crime and arrest that preceded incarceration, or general instability, poverty, and inadequate care at home. The degree to which a child is affected by a parent's separation may be due to other factors such as the age at which the child is separated from the parent, the length of the separation, the level of disruption and the availability of family or community support (Parke & Clark-Stewart, 2003).

Whatever the reasons for the negative outcomes on the children of incarcerated mothers, it is clear that intervention is needed to change these outcomes. What should these interventions be? Correctional systems have initiated a variety of programs aimed at addressing the problems resulting from the incarceration of mothers. The programs include prison nurseries, community-based residential facilities, parenting education programs, parent visitation programs, and telephone and correspondence programs.

Prison Nurseries

The primary goal of most prison nurseries is to promote bonding between mothers and children while giving mothers tools to become better parents. A secondary goal is to reduce recidivism among incarcerated mothers by encouraging them to make lifestyle changes following release.

State departments of corrections are funded by taxpayers. While there is limited information on what it costs to operate prison nurseries, we know that the costs vary from state to state. Washington State provides a model on how to operate a nursery program in a cost-effective way. In Washington State, in order to underwrite

the costs of their prison nursery, money from social services budgets is used to supplement the cost. Rowland & Watts (as cited in Goshin & Byrne, 2009) write that Washington State additionally partners with community-based organizations to obtain support.

When children are placed in prison nurseries, it enables them to bond with their mothers and facilitates positive early childhood development. In these settings, both mothers and their infant children receive professional support which they would not otherwise receive in the community. This is beneficial to their overall wellbeing. Whatever prison nurseries cost the correctional systems, the overall benefits to society far outweigh these costs. When a mother is incarcerated, young children are frequently placed in foster care. The psychological and mental health care and other related costs which are a consequence of separating mothers from their children are well documented (WPA, 2009). Programs such as foster care, welfare, special education programs, and future incarceration are decidedly more costly than funding programs that might help to reduce the negative outcomes which are evident in the children of incarcerated mothers. Failure to provide these programs for incarcerated mothers may cost the society more in the long run. In addition, such programs may also facilitate drug rehabilitation and reduce overall recidivism among this population.

Much has been said about the importance of prison nurseries. During this century, New York State has led the movement to provide long-term nursery care for children born to incarcerated women. While other states have had nursery programs at some point, only New York has provided long-term nursery care continuously for 111 years. New York established its first long-term care nursery in 1901, in what is now known as the Bedford Hills Correctional Facility. In 1930, Governor Franklin D. Roosevelt signed a New York State correction law bill: Section 611 (see Appendix 4.5). This bill allowed women in New York State prisons and jails to keep their babies with them for 12 months. Under current program guidelines, women in New York State prisons may keep their babies 12 to 18 months.

In 1990, New York established a second nursery program at Taconic Correctional Facility, a medium security facility for women, near the Bedford Hills Correctional facility. The Taconic nursery was started under a federal grant and supported by New York State funds. Unlike the nursery at Bedford Hills, the Taconic nursery is specifically for women with substance abuse problems. In addition to parent education, substance abuse treatment is a mandatory part of the nursery program.

Box 4.2 The New York Experience

In 1995, a not-for-profit, nonsectarian organization called Hour Children was established with a mission to support families in the criminal justice system in New York State. As Hour Children grew and became a strong presence in New York State prisons, they received a family services contract from the New York State Department of Correctional Services to manage the Taconic nursery, and among other services, to manage an enhanced

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mother-child visitation program in the prison's visiting room. Because of the need for supportive services for women coming out of prison, Hour Children provides transitional housing for mothers and their babies coming out of New York State prisons or for women reuniting with children who have been living either in foster care or with family members. Of three residences dedicated to mothers coming out of prison, one residence is the only official New York State work release site for a woman to live with her infant. The other two residences provide affordable, permanent, supportive housing for 12 families. In February 2010, Hour Children, launched a new mentoring program. This innovative program will mentor adult female offenders' prerelease and postrelease, provide training to the mentors, and provide transitional services to assist women with reintegration back to their communities. This program is one of 36 awarded across the nation by the U.S. Department of Justice's Bureau of Justice Assistance with funding from the Second Chance Act. The driving force behind Hour Children is Sister Theresa Fitzgerald whose passion for helping female offenders has led her to establish much needed programs to help women in and out of NewYork State prisons (for information on these programs go to: www.hourchildren.org).

Besides the Hour Children program, New York State is fortunate to have the Women's Prison Association and Home Inc. (WPA). This is a not-for-profit agency which has been in existence over 150 years. Among their many programs, WPA works to create opportunities for change in the lives of women prisoners, ex-prisoners, and their families (for more information on WPA programs go to www.wpaonline.org).

Descriptions of other nursery programs which are in operation in prisons in other states as of 2008 are described in Appendix 4.1 (At the time the chapter was written, the state of California had to abandon its nursery program due to budgetary constraints). Only one jail has a functioning nursery program—Rikers Island (see Appendix 4.3) (WPA 2009).

Box 4.3 The Effectiveness of Nursery Programs

Like many other inmates at the Ohio Reformatory for Women, Amanda Burns didn't learn her lesson the first time she was incarcerated. After being released in 2000, she was arrested again a year later for trying to cash stolen checks and was sentenced to 11 more months in prison.

But her latest stint in Marysville has been different. For the past four months she's shared a room in the prison's 16-month-old nursery with her infant daughter Rhianna, who was born earlier this year while Burns was serving her sentence.

Burns said becoming a mother and spending time with her daughter has changed her. "Honestly, if I didn't have Rhianna, I probably would still be going," said Burns, 22, during an interview at the nursery earlier this month. (Ghose, 2002)

Empirical data on mothers who have participated in prison nursery programs indicates that the primary goal of nursery programs appears to have been met in the decreased rates of recidivism. For example, all states with nursery programs report significant reductions in the recidivism rate of women who participated in a nursery program as compared with those who did not. On March 29, 2011, the Illinois Department of Corrections reported a 0% recidivism rate during the four years of operation of their nursery program "Moms and Babies" (Illinois Department of Correction News). The Ohio Reformatory for Women reports an 11% recidivism rate for women who participated in the nursery program as compared with 30% for nonparticipants. In Nebraska, the recidivism rate for women who participated in the nursery program was 9% as opposed to 33% for those who had not (WPA, 2009). Washington State reports a 10% recidivism rate for their nursery participants. New York reports similar statistics.

Attachment is directly linked to child development (Azar, 1995). Therefore, prison nurseries create environments that support age-appropriate development. Children are not simply housed while the mothers serve their sentences. The oldest U.S. nursery, Bedford Hills Correctional Facility in New York State, has a day care center and emphasizes developmentally stimulating materials in the infant sleeping and recreation areas. Three of the newer nurseries grew from existing parent education programs, and the majority mandate prenatal and infant care education for woman participants (Goshin & Byrne, 2009).

Goshin and Byrne's 2009 research clearly demonstrates that children in a prison nursery program exhibit measurable rates of secure attachment consistent or exceeding population norms. This is in stark contrast to children raised in the community during maternal incarceration.

Community-Based Residential Parenting Programs

Community-based residential parenting (CBRP) programs divert women, and in some cases, mothers of young children, from prison. They offer women an opportunity to serve out court imposed sentences in the community. Many of the programs are designed for women who have histories of substance abuse and provide treatment alongside parenting support. These programs are utilized at various stages of the criminal justice system, from pretrial through incarceration, as a condition of parole, or as a requirement for probation.

CBRP programs are different from prison nurseries.

- They are often operated by not-for-profit organizations that partner, or have contracts, with local departments of corrections to provide supervision, housing, and social services in a community setting.
- The women are usually allowed to gain approval to leave the facilities to attend doctor's appointments, social services appointments, or other programs in the community.
- The facility settings are often home-like, with mother and child sharing a private bedroom.

Community-based residential parenting programs share one of the same goals as nursery programs—to promote bonding between mother and child. However, unlike prison nurseries, the children who participate in CBRP programs are not necessarily born in custody. Mothers are often allowed to bring their small children with them into the program. Most CBRP programs allow children to stay with their mothers until they reach school-age. The duration of the child's stay is often tied to the length of the mother's sentence (WPA, 2009). Community-based residential parenting programs for states and the Federal Bureau of Prisons are described in Appendix 4.2, and 4.4 (WPA, 2009).

Prison nurseries and community-based residential facilities are the more desirable intervention strategies currently in use for women under criminal justice supervision, and their infant children (Goshin & Byrne, 2009). The rationale for investing in these programs rests upon the evidence that early mother-child bonding results in positive future outcomes for both mother and child (Azar, 1995). Other programs currently utilized are parent education programs and specialized visitation programs. Mail and telephone calls are used to increase mother-child contacts.

Parent Education Programs: Alternatives to Prison Nurseries and Community-Based Residential Programs.

If nurseries and community-based residential programs are not possible, the more cost-effective and practical programs to assist incarcerated women are parent education programs. These programs are aimed at helping women to overcome barriers to successful parenting and are now considered a critical, gender-responsive strategy in correctional institutions housing female offenders (Loper & Tuerk, 2006; Pollock, 2002)

Prior to imprisonment, many women replicate the parenting styles of their own families. As the data have demonstrated thus far, the women have significant personal issues that have influenced their lives and the lives of their children. Most notably, prior to their current imprisonment, the women were often single mothers who were experiencing significant emotional and substance abuse problems, while attempting to parent their often troubled children. In addition, it was not uncommon for these women to be involved in volatile relationships (Dalley & Michels, 2009).

Shortcomings in parenting begin in the community. Some of the barriers to effective parenting are related to mental health and substance abuse problems. The level of mental health problems obviously impacts the women's personal and social functioning. Their significant addiction and mental health problems (women with dual diagnoses) are likely to greatly impact their relationship with their children and their ability to parent. Despite these issues, it is not unusual to find that children love and protect their mothers (Henriques, 2002). For example, a mother who had abused her kids becomes incarcerated. The kids were placed in foster care. The kids would not eat and cried endlessly. A special visit had to be arranged between mother and children. The need for parent education programs is therefore evident.

While the focus of this chapter is on incarcerated mothers and their children, this in no way diminishes the important role that fathers play in the lives of their children. It should be noted that New York State has had a parenting program for fathers

since 1986, when the Osborne Association implemented the first comprehensive parenting program for incarcerated fathers in New York State prisons (For more information on Osborne Association Programs go www.osborneny.org). This program was one of the first in the nation and continues today, 25 years later, in Sing Sing Correctional Facility in Ossining, New York. Box 4.4 presents and discusses parenting programs for incarcerated fathers.

Box 4.4 Parenting Programs: Fathers in Prison

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The research on fathers in prison is still developing. Some researchers have focused on the negative impact of parental incarceration on children (Wildeman, 2009), the impact on communities as incarcerated men move from prison back to home (Clear, 2007; Travis & Waul, 2003), and the ways that the penal system systematically denies men their role as fathers (Lanier, 2003). Still other analyses have considered how incarceration affects men's connectedness with their children (Edin, Nelson, & Paranal, 2004) and the struggles of juvenile fathers to negotiate incarceration and fatherhood (Nurse, 2002). Hairston (2001a, 2001b) reports that many incarcerated fathers have had difficulty maintaining contact with their children.

Drawing on the Survey of Inmates in State and Federal Correctional Facilities, Glaze and Maruschak (2009) report that an "estimated 1,559,200 children had a father in prison at midyear 2007; nearly half (46%) were children of black fathers" (p. 2). Of those incarcerated fathers, 35.5% reported that they lived with at least one of their children in the month before their incarceration (p. 5). Wildeman (2009) argues that parental incarceration is more likely to affect Black children and the children of those without high school diplomas, and he states that by, "age 14, 50.5% of black children born in 1990 to high school dropouts had a father imprisoned" (p. 265). In other words, the consequences for parental incarceration are concentrated among the most disadvantaged children.

A recent set of articles on incarcerated fathers has explored the various ways prison can affect men's identities as fathers. Arditti, Smock, and Parkman (2005), for example, argued that incarceration diminishes men's belief that they are good fathers and increases their feelings of helplessness. Roy and Dyson (2005) examined the ways that prison intensified conflicts between men and their children's mothers. This last article is particularly important when considering whether or not men in prison remain in contact with their children. Unlike mothers in prison, the majority of incarcerated fathers (88%) report that the other parent is the current caregiver (Glaze & Maruschak, 2009). As a result, incarcerated fathers' relationships with their children's mothers significantly impacts whether or not they will receive contact visits from their children.

Until recently, incarcerated men's parental roles was largely ignored; however, over the past decade a number of programs emerged aimed at providing men in prison with training and resources to father from prison (Jeffries, Menghraj, & Hairston, 2001). Even with the recent increase in programs aimed at helping men remain connected to, and positively involved with, their families, most incarcerated fathers do not have access to fatherhood programs.

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References

Arditti, J. A., Smock, S. A., & Parkman, T. S. (2005). It's been hard to be a father: A qualitative exploration of incarcerated fatherhood. *Fathering: A Journal of Theory, Research, & Practice about Men as Fathers,* 3(3): 267–288.

Clear, T. (2007). *Imprisoning communities: How mass incarceration makes disadvantaged neighborhoods worse.* New York, NY: Oxford University Press.

Edin, K., Nelson, T. J., & Paranal, R. (2004). Returning to strangers: Newly paroled young fathers and their children. In M. E. Patillo, D. F. Weiman, & B. Western (Eds.), *Imprisoning America: The social effects of mass incarceration.* New York, NY: Russell Sage Foundation.

Glaze, L. E., & Maruschak, L. M. 2008. *Parents in prison and their minor children.* Special report. NCJ 222984. Washington, DC: U.S. Department of Justice, Bureau of Justice Statistics.

Hairston, C. F. (2001a). The forgotten parent: Understanding the forces that influence incarcerated fathers' relationships with their children. In C. Seymour & C. F. Hairston (Eds.), *Children with parents in prison,* (pp.149–171). New Brunswick, NJ: Transaction.

Hairston, C. F. (2001b). Fathers in prison: Responsible fatherhood and responsible public policies. *Marriage & Family Review,* 32(3/4), 111–135.

Jeffries, J., Menghraj, S., & Hairston, C. F. (2001). *Serving incarcerated and ex-offender fathers and their families: A review of the field.* New York, NY: Vera Institute of Justice.

Lanier, C. (2003). Who's doing the time here, me or my children? Addressing the issues implicated by mounting numbers of fathers in prison. In J. I. Ross & S. C. Richards (Eds.), *Convict criminology.* Belmont, CA: Wadsworth.

Nurse, A. M. (2002). *Fatherhood arrested: Parenting from within the juvenile justice system.* Nashville, TN: Vanderbilt University Press.

Roy, K. M., & Dyson, O. L. (2005). Gatekeeping in context: Babymama drama and the involvement of incarcerated fathers. *Fathering: A Journal of Theory, Research, & Practice about Men as Fathers,* 3(3): 289–310.

Travis, J., & Waul, M. (Eds.). (2003). *Prisoners once removed: The impact of incarceration on children, families, and communities.* Washington, DC: Urban Institute Press.

Wildeman, C. (2009). Parental imprisonment, the prison boom, and the concentration of childhood disadvantage. *Demography,* 46(2): 265–280.

PRISON VISITATION PROGRAMS

Prison visitation programs can potentially benefit the incarcerated parent and provide emotional and psychological continuity for family members (Arditti, 2008). Prison policies directly and indirectly impose significant challenges to maintaining family connections. Prison assignments are made on the basis of bed space not family proximity. Prisons are often in remote areas of the state, hundreds of miles from major urban areas where family are usually located, making visits time consuming and expensive (Travis & Visher, 2005)

Studies show that visits to a parent in prison or jail are usually helpful in keeping children connected to their parents and serve to strengthen family bonds. Most children manage the crisis of parental incarceration better when they visit their parents. Extended contact is needed in order to enhance secure attachment (Robertson, 2007). However, maintaining contact with children during incarceration, through visitation, can be challenging. Arditti (2008) has listed some of the common problems associated with visitation:

- Transportation—particularly when the inmate is housed far from home
- Expenses—gas, airfare, hotel, meals, snacks in the visiting room
- Parenting stress—due to interaction with correctional staff
- Boredom—restriction for children in the visiting room
- Emotional and cognitive reactions precipitated by visit
- Accompaniment—many children, caregivers, and prison authorities are unhappy about allowing children to visit imprisoned parents by themselves.
- Child-unfriendly visiting areas—lack of eating or play areas for children (Goshin & Byrne, 2009; WPA, 2009; Robertson, 2007; Correctional Association, 2006)

Some of the above mentioned challenges have been overcome by specialized visitation programs such as Girl Scouts Behind Bars (GSBB) and Mothers and Their Children (MATCH) (Morash & Schram, 2002). GSBB now operates in several states. In systems which cannot implement these kinds of programs, current technology can be used to implement visits via video conferencing. In addition to visitation programs, correctional institutions encourage mothers to maintain contact through telephone calls and correspondence.

RETAINING PARENT-CHILD RELATIONSHIPS: INTERNATIONAL PERSPECTIVE

The importance of maintaining mother-child relationships when a mother is incarcerated within the United States was described in detail. Nevertheless, it is of great interest and importance to examine how different countries address the issue of incarcerating women who are mothers, as this may help in educating policy makers and future policies.

In countries where telephones are commonplace, phoning (as compared to writing letters) appears to be a more popular means of enabling mothers to stay in contact with their children.

An Irish study found that over half of prisoners interviewed (using a small sample of 26), reported having spoken to their children on an almost daily basis. Only 15% exchanged cards and letters every week or longer (King, n.d.). Similar trends emerge from research in other countries. This contact has positive impacts: parents who talk to their children seem to adjust better to the prison environment, while children appear to cope better with the separation if they have more contact with their imprisoned parent (Murray, 2005).

Where phone calls are limited or are not possible, written communication is the more widely used method for incarcerated mothers maintaining contact with their children. In addition to letters, mothers sometimes send their children photos or objects they have bought or made: for example, a workshop at San Vittore prison in Italy allows imprisoned mothers to "make relational objects" for their children, thus helping to maintain mother-child relationship. This is particularly important for foreign national women and their children who live in a different country (Quaker Council for European Affairs, 2007): also, in Chapter 14, Weiss and Vasquez, discuss the challenges of illegal immigrants who end up behind bars and are not able to connect with family and children.

It should be noted that phone calls and letters are only used depending on the child's age and level of literacy. In these situations, alternative means of maintaining contact must be used. For example, there are programs which allow imprisoned parents to produce an audio recording of a book for their children to listen to. These programs have been credited with strengthening the parent-child relationship, raising self-esteem of prisoners, and improving literacy among both children and prisoners (more information can be found at www.storybook.co.uk, as cited in Robertson, 2007).

A review of the literature has found that many prisons run programs, events, and courses designed to sustain and strengthen children's relationships with their imprisoned parent:

Australia: A project in Victoria State, Australia, offers fathers the opportunity to develop their parenting skills (Robertson, 2007).

Spain: In October 2008, Spain opened an External Mother Unit (Unidad Externa de Madres) in Palma, Majorca. The development of such unit by department of prison services represents Spain's effort to break the cycle of social marginalization and incarceration for female offenders and their young children. These units aim to provide children with a harmonious environment while simultaneously preparing the mothers to integrate into a community and care for their children (Fintuch, 2010).

Denmark: Children are allowed to go to their parent's room and have their visit there. (Robertson, 2007).

Afghanistan: Mother and child accommodation is provided and some prisons have crèches or (as in Policharki prison in Afghanistan) schools for the children of detainees (Bunton, as cited in Robertson, 2007).

India: Prisons in Karnataka State, India, have set up crèches and nursery schools attended by children imprisoned with their parents, children of prison officials, and children living close to the prison (Rajendran, as cited in Robertson, 2007)

Kenya: Thika Women's Prison in Kenya began holding "Remote Parenting Days" in 2007. A similar program exists in China (Opiyo, as cited in Robertson, 2007)

Canada: Children with mothers imprisoned in the Maison Tanguay facility in Montreal, Canada, can live with them for two days a week in a trailer on the facility grounds (Cunningham & Baker, as cited in Robertson, 2007).

United Kingdom: The United Kingdom had a nursery program which was evaluated by Lisa Catan in the middle 1980's. This program appeared to have had many shortcomings. Catan described an environment where children's movements were severely restricted, and infants were left strapped in prams or chairs for hours. Catan made recommendations which advised greater attention to creating a child-friendly and stimulating environment. There is evidence that these recommendations have been implemented in the UK, but no further evaluation research has been reported (Goshin & Byrne, 2009)

It should be noted that in the last multinational survey published, the Alliance of Non-Governmental Organizations on Crime Prevention and Criminal Justice queried 70 nations in 1987 to find that only Suriname, Liberia, the Bahamas, and the United States routinely separated imprisoned mothers from their children (Kauffman, 2006).

POLICY IMPLICATIONS

It is clear that motherhood and parenting are important issues to women behind bars. Further, these issues should be important to society as whole. Parental neglect affects not just children of incarcerated individuals but entire communities (Clear, 1994). For this reason it is important that whenever possible mothers and children will not be separated. Specifically, we recommend that whenever possible, women with nonviolent offenses, who are pregnant, or are custodial parents, should be given community-based sanctions. This will allow them to live in community-based residential programs which will prevent mother-child separation while allowing them to address the issues that contributed to their criminal activity. Additionally, all facilities that house women offenders should implement gender-responsive programs that recognize this important truism: "When men go to prison, potential role models are lost. When women go to prison, families fall apart" (Understanding Prison Health Care, 2002).

When prison nursery programs are not an available option, other programs such as parent education and visitation should be encouraged to maintain contact between mothers and their children. Barriers to effective visitation should be eliminated. Utilization of new technologies such as video conferencing and Skype can facilitate face to face contact. All of the programs detailed should be supplemented by telephone calls and correspondence programs.

In state correctional systems, there is no uniform or adequate attention given to mothers' needs and concerns. The impact of incarceration on children is not viewed

as a responsibility of the correctional system. It appears that many women are not screened to determine whether they have responsibilities, concerns, or pressures related to their children. In state prisons with 500 or more women, only 40% of administrators indicated all women had routine screening which related to mothering. In state prisons with populations under 100, this kind of screening was not done. Not only do prison administrators lack systematic knowledge of women prisoners' involvement with their children, but concerns about women and their children are overshadowed by administrators' belief that substance abuse and mental health issues are greater and more pressing (Morash & Schram, 2002). This situation must be addressed by prison administrators in order to adequately provide for the needs of inmate mothers.

The important thing to remember is that mother-child contact should be encouraged and maintained especially when the incarcerated mother indicates that she intends to reunite with her child or children upon release and reintegration. Policies and programs should attempt to facilitate this very important need. For example, the Adoption and Safe Families Act of 1997 required social services agencies to file a termination of parental rights petition when a child has been in care 15 of the last 22 months, unless there is a compelling or other reason for not filing such a petition. This act was very destructive in its application. Fortunately, the destructive aspects of this act were removed in 2010. Chapter 113 of the laws of 2010 amended the Social Services Law to explicitly include parental incarceration or participation in a residential substance abuse treatment program as a possible basis NOT to file a petition to terminate parental rights. This is indeed a step in the right direction as far as governmental policies go.

Additionally, in order to better prepare incarcerated women for reentry, and to face life's daily challenges and reduce recidivism, correctional systems must develop two basic types of programming:

- Viable in-prison prerelease programs—The level of abuse and trauma that most women have experienced prior to incarceration mandate that both intensive mental health and addiction treatment be provided in prison (Dalley & Michels, 2009), along with parenting programs and educational, vocational, life skills programs.
- Postrelease, supportive aftercare programs similar to the Hour Children programs in New York State and Women Prison Association programs—These programs must be sensitive to the issue of race, class, and culture because women's ideas about motherhood and family are influenced by these factors. In addition, these programs must recognize that children have varying needs depending on the age of the child, and that caregivers are an important factor in facilitating parent-child contact.

The interconnected nature of criminal justice involvement, family disintegration, and child abuse/neglect means that the criminal justice system and child welfare systems must work together to meet the needs of incarcerated mothers (WPA, 2009)

The below story, presented in Box 4.5, illustrates the need for viable reentry programs with supportive services in the community. Accordingly, Table 4.3 presents a summary of basic life skills that need to be addressed through a reentry and reintegration program for incarcerated mothers.

Box 4.5 Scenario that Illustrates the Need for Reentry Programs for Incarcerated Mother

D. H. was arrested and convicted for a drug offense in the 1980s. She was given a sentence of 20 years to life under the Rockefeller Drug Laws. She was the mother of five, ages 2 to 12, who were left in the care of an elderly aunt who died during D. H.'s incarceration. D.H. served 16 years of her sentence and was released to go home to a family that was broken, bitter, and confused as to what role their mother could now play in their adult lives.

During D.H.'s incarceration, she had visits from her children in the visiting room as well as overnight visits through the family reunion program. D.H. was under the impression that even though she was in prison, she was still parenting her children from the inside.

Upon her release, D.H. attempted to deal with her children if they were still minors, although they were now young adults. She felt that they should respect her and adhere to her rules as they had done prior to her incarceration. This led to an internal and open family battle which resulted in a painful and traumatic reentry. (An anecdotal story from Women's Advocate Ministry, a not-for-profit organization that works with female offenders in New York)

Table 4.3 A model for successful community reintegration

Reentry Phase	Basic Life Areas*				
	Subsistence/ Livelihood	**Residence**	**Family**	**Health and Sobriety**	**Criminal Justice Compliance**
SURVIVAL	Gate money Public assistance Soup kitchens Pantries Maintain basic hygiene	Family or friend Shelter Street	Find children Make contact	Continue with previous medication regimens Avoid Relapse Emergency room care	Report to parole regularly
STABILIZATION	Public assistance Workfare Training/ education Low wage or subsidized job	Transitional residence Family or friend	Supervised visitation Get refamiliarized	Drug treatment Treatment of urgent physical and mental health issues Counseling	Comply with requirement

(Continued)

Table 4.3 (Continued)

Reentry Phase	Basic Life Areas*				
	Subsistence/ Livelihood	Residence	Family	Health and Sobriety	Criminal Justice Compliance
SELF-SUFFICIENCY	Job that pays a living wage and provides benefits	Permanent housing (with public subsidy, if necessary)	Reunify with family Receive family counseling Caring for others	Regular health visits paid by health insurance Ongoing support Structured-12 step therapy Community activities	Earn reduced supervision or complete parole

Source: L. Jacobs. (2005). *Improving the odds: Women in community corrections*. WPA.

*The other basic need is for encouragement, support, and orientation to new things.

** Subsistence includes transportation, food, clothing, and all out of pocket expenses.

CONCLUSION

The profile of female offenders provided earlier in this chapter, clearly illustrates their multifaceted and complex array of needs related to poverty, family disintegration, trauma, substance abuse, and mental health problems. Many of the inmates are also mothers. Any parent knows that raising children is not an easy undertaking. The mother's involvement in the criminal justice system and her separation from her children further complicates the task.

The responsibility placed on the criminal justice system, to handle these myriad of problems presented by inmate mothers and effectuate positive changes, is enormous. However, in spite of the obvious negativity of the prison environment, the prison experience provides the inmates with teachable moments. For many of them such experience gives them pause in their lives and the opportunity to be sober and free from the trauma of their lives in the community. If they are willing, and with the help of effective gender-responsive programs, they can retreat, regroup, and begin their path back to a positive, fulfilling life.

There has been no scarcity of research aimed at identifying the pathways which have led female offenders to the criminal justice system. Research has also identified the variety of problems which must be addressed if women are to lead productive lives and care for their children. Public attitudes and the high cost of providing services and programs to women in prison have been cited as the reason why the problems presented by female inmate mothers have not been addressed in a robust way.

Despite these costs, we suggest that the criminal justice system and taxpayers, cannot afford ***not*** to provide meaningful programs for female offenders that recognize the needs of their children and the consequences of inaction.

The price of incarcerating women is not limited to the cost of a prison cell, food, and clothing. Locking up woman can also mean paying the costs for putting and

supporting the child or children in foster care, treating health and mental health conditions that have worsened during incarceration, and providing public assistance and shelter for those who are homeless and destitute following release (Frost, Greene, & Pranis, 2006).

Through the pages of this chapter, different program options were presented and discussed, both in the United States and internationally, which correctional systems can utilize to begin to address the issues and problems of this very vulnerable population. The options range from pregnancy and birth programs and prison nurseries to community-based residential parenting programs and visitation programs, to name a few. A description of the most expensive programs and the least expensive programs was presented. What is now needed is the understanding by the administrators of criminal justice systems, that if too little or nothing is done, we will continue to inflict pain on the innocent victims of a mother's incarceration—the children. We will be contributing to the next cycle of bad outcomes—the growing cycle of crime in our society. **Can we afford that cost?!!!.**

As Life magazine writer Claudia Dowling so eloquently states. "A mother may be guilty, but a child is always innocent" (Dowling as cited in Morton, 2004).

DISCUSSION QUESTIONS

1. What are some of the negative effects of incarceration on mothers? What are some of the effects on children?
2. How can prisons address these issues? Why is it important to address these issues?
3. Why is contact between women prisoners and their children important? What are some of the obstacles to maintaining contact?
4. What program components do you think are important in prison programs for incarcerated mothers?
5. How are risk factors such as previous lifestyle, homelessness, poverty, substance abuse, domestic abuse histories, health problems, and mental health interrelated in the lives of women prisoners?
6. How may the conditions mentioned in Question 5 affect pregnancy outcomes for incarcerated women?
7. Incarceration may both increase and decrease the risks of pregnant inmates. What does this mean?
8. What types of social support would be beneficial to pregnant prisoners? How could these be provided to women who are incarcerated?
9. What are some of the problems faced by pregnant women in jail or prison? What are some of the solutions or alternatives to issues surrounding medical care for pregnant prisoners?
10. What types of health and mental health programs are needed in women's prisons?